

Seminole Nation Summer Camp
Terms and Conditions
Deadline July 3rd, 2014

1. This contract constitutes the full understanding of the parties and no change, modification or waiver of any of the terms hereof shall be effective unless in writing and signed by both parties, the Director of Seminole Nation Diabetes Program and the signing parent(s)/guardian(s).
2. The undersigned hereby gives permission to the physician or hospital selected by Seminole Nation Diabetes Program to hospitalize, secure proper treatment for, and to order injection, anesthesia, medicine, x-ray, surgery or any other medical treatment for my child and to use our insurance policy to pay for these services. If medical treatment is needed for campers during camp, all physicians' fees, hospital fees, medicines and any other medical expenses are the responsibility of the camper's family.
3. Seminole Nation Diabetes Program is not responsible for campers while traveling to and from camp.
4. My child may participate in any activity or trip organized by camp staff on or off campus, including swimming, hiking, sports games, and others. We assume the inherent risk of such activities and will hold be held harmless from any liabilities resulting from said participation. The camper, parent(s)/guardian(s) understand these risks and that the camper will be made aware of their duty to perform all safety precautions as instructed or perceived.
5. For the safety, welfare and proper maintenance of all the campers, the camp shall have the sole right to search any personal property. **Seminole Nation Diabetes Program retains the right to terminate any camper's session and immediately dismiss said camper for any behavior deemed unacceptable by camp staff.** Such conduct shall include, but is not limited to: the use or possession of weapons, drugs or drug paraphernalia, alcoholic beverages, smoking or possession of cigarettes; bringing of food to camp; leaving camp grounds or camp activities without official approval and supervision; damaging property; inappropriate intimate behavior, refusing to participate in camp activities, omission or misrepresentation regarding medical or mental history of camper; not complying with camp rules and regulations. Within **2 hours of the camper's dismissal**, the parent/guardian or emergency contact must pick-up or provide arrangements for the camper pick-up.
6. If, as a result of a dispute, it becomes necessary for Seminole Nation Diabetes Program, in its sole discretion, to retain the services of an attorney, the parent(s)/guardian(s) agree to reimburse Seminole Nation Diabetes Program for any and all court costs, and other fees and expenses incurred by Seminole Nation Summer Camp, its director, employees, or volunteers.
7. Seminole Nation Summer Camp is not responsible for any lost or stolen articles, regardless of the reason or the responsible party, including but not limited to other campers, staff, laundry service or other vendors. Seminole Nation Diabetes Program will make every attempt to mail left items of significant value, if properly labeled. Items will be shipped at the owner's expense. Do not send cash, expensive or sentimental items to camp. **Please clearly label all personal items.**
8. Permission is hereby granted to Seminole Nation Diabetes Program, to use any photograph, film, video or audio of the above camper in any public release, publicity, TV program, advertisement, brochure or promotional videos.
9. Names and addresses of campers and staff, camper inquiries and printed material and procedures are confidential property of Seminole Nation Diabetes Program.
10. If a parent decides to withdraw his/her child, the Director requires 1-week notice.
11. Seminole Nation Diabetes Program assumes no responsibility for the acts done by campers when in violation of camp rules, local, state or federal laws.
12. **NO cell phones, i-pods, i-pads, or any other similar device(s) are not allowed.** Any of these devices brought in will be taken away from the camper and will be given back to at the end of the week. There will be phones available for emergencies.

Please enroll my child, _____ in Seminole Nation Summer Camp. I have read the Terms & Conditions above and am familiar with the same and agree that this enrollment is acceptable to me and is subject to everything contained therein. In the event one parent executes this agreement, I acknowledge that I am also acting as the agent of the other parent with the authority to so enroll my child in Seminole Nation Summer Camp, and to execute this agreement on his or her behalf. I recognize that Seminole Nation Diabetes Program relies upon the representations herein made in accepting my child in Seminole Nation Summer Camp.

Parent's Signature (Father): _____ Date: ____/____/____

Parent's Signature (Mother): _____ Date: ____/____/____

Or Authorized Legal Guardian: _____ Date: ____/____/____

**Seminole Nation Summer Camp
Enrollment Contract for July 15 - 18, 2014
Deadline July 3rd, 2014**

Name of Camper _____ ☐ Boy ☐ Girl Date of Birth ____/____/____

Home Phone (____) - ____ - ____ Applicant's Email _____

Address: _____

Name(s) parents: (father) _____ (mother) _____

Name of Guardian(s) _____

Father's Cell or Business Phone (____) - ____ - ____ Father's email _____

Mother's Cell or Business Phone (____) - ____ - ____ Mother's email _____

Guardian's Cell or Business Phone (____)-____-____ Guardian's email _____

Is the applicant Native American? _____ If yes, what tribe? _____

Emergency Contact: *In case we are unable to contact parent/guardian please provide an emergency contact*

Name of Emergency Contact _____ Relation to child: _____

Home Phone (____)-____-____ Cell or Business Phone (____)-____-____

Referring Physician's Information:

Name of Physician: _____ Specialty: _____

Physician's Phone Number: (____)-____-____ Physician Fax: (____)-____-____

*******Enrollment into Seminole Nation Summer Camp will not be considered without physician referral form******

Parent Signature _____ Date ____/____/____

Camper's Signature _____ Date ____/____/____

We will include camp T-shirt: Adult Size: ☐ Small ☐ Medium ☐ Large ☐ X-large ☐ XX-large ☐ XXX-large

**Please send in this completed form to:
Seminole Nation Diabetes Program
P.O. Box 1498
Wewoka, OK 74884-1498**

Or Drop by the Diabetes Program Office located on the Mekusukey Mission in Seminole

**Phone: 405-382-3761
Fax: 405-234-5283
Email: ferguson.d@sno-nsn.gov**

Seminole Nation Diabetes Program – Prevention Camp Diabetes Essay

Each camper must write a one-page essay on what diabetes means to them and how they are going to prevent diabetes within their own family. Also, please explain why you need to attend this summer diabetes prevention camp. This essay will be graded according to your words and will determine whether you are approved to attend this year's camp. **(Must be good penmanship and legible to read)**.

[illegible]